Sheet No. .5....

DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America) Box No. VIII (iv)

The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))

for the purposes of the designation of	of the United States of America:
I hereby declare that I believe I am the original, first and sole (if only is listed below) inventor of the subject matter which is claimed and it	one inventor is listed below) or joint (if more than one inventor for which a patent is sought.
This declaration is directed to the international application of which	it forms a part (if filing declaration with application).
This declaration is directed to international application No. PCT/ to Rule $26ter$).	(if furnishing declaration pursuant
I hereby declare that my residence, mailing address, and citizenship	are as stated next to my name.
I hereby state that I have reviewed and understand the contents of the of said application. I have identified in the request of said application, and I have identified below, under the heading "Prior Applications," Organization, day, month and year of filing, any application for a pate: States of America, including any PCT international application design having a filing date before that of the application on which foreign p	in compliance with PCT Rule 4.10, any claim to foreign priority, by application number, country or Member of the World Trade nt or inventor's certificate filed in a country other than the United ating at least one country other than the United States of America.
Prior Applications:	
	••••••
I hereby acknowledge the duty to disclose information that is I 37 C.F.R. § 1.56, including for continuation-in-part applications, mate of the prior application and the PCT international filing date of the continuation.	erial information which became available between the filing data
I hereby declare that all statements made herein of my own knowledg are believed to be true; and further that these statements were made made are punishable by fine or imprisonment, or both, under Section false statements may jeopardize the validity of the application or any	with the knowledge that willful false statements and the like so
Name: Tim Fat Tam	***************************************
Residence: Woodbridge, Ontario, Canada (city and either US state, if applicable, or country)	
Mailing Address: . 155. Veneto Drive, Woodbridge, Ontario	L4L 8X6 .Canada
Citizenship: Canadian	
Inventor's Signature: January	Date: March 5th 2004
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)	(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)
Name: Khashayar Karimian	•••••
Toronto Ontario Canada	
Mailing Address: 119 Merton Street, Apartment 423, Toron	to, Ontario M4S 3G5 Canada
Citizenship: Canadian Inventor's Signature: (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)	Date: March 2004 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)
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This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

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Sheet	No.		6

Continuation of Box No. VIII (i) to (v) DECLARATION

If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.

Continuation of Box No. VIII(iv):

HU, Shui Sheng

Richmond Hill, Ontario, Canada

12 Clarendon Drive, Richmond Hill, Ontario L4B 2Z3 Canada

Citizenship: Canadian

Inventor Signature

CHOW, Anna

Hamilton, Ontario, Canada

28 Bacall Crescent, Hamilton, Ontario L8T 4W9 Canada

Citizenship: Canadian

Inna Chas

March _______, 2004

March <u>05</u>, 2004

Ínventor Signature

STOREY, Richard William

Weston, Ontario, Canada

33 King Street PH 3, Weston, Ontario M9N 3R7 Canada

Citizenship: Canadian

Inventor Signature

March <u>05</u>, 2004

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Application Number	
Filing Date	
First Named Inventor	Tim Fat Tam
Title	Isopropanolate of Azithromycin
Art Unit	
Examiner Name	
Attorney Docket Number	PC2041001

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الا	Statement un	ecora or i	the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/S	SB/96)			•
			SIGNATURE of Applic		of Record		
Signa	iture		Jan J- The			Date	Sept 06 2005
Name	3	Tim Fat	Tam O			Telephone	416-749-9300
Title a	and Company	Apotex	Inc.				
NOTE signate	: Signatures of all th ture is required, see	ne inventor below*.	rs or assignees of record of the entire inter	rest or their representa	ative(s) are require	d. Submit mu	ultiple forms if more than one
V	*Total of 6		forms are submitted.				

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	First Named Inventor	Tim Fat Tam
	Title	Isopropanolate of Azithromycin
CORRESPONDENCE ADDRESS	Art Unit	
INDICATION FORM	Examiner Name	
	Attorney Docket Number	PC2041001

I hereby revoke a	II previo	ous powers of attorney gi	iven in the ab	ove-ide	entified applic	ation.	
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_	ers associated with the Customer Number: 23607						
OR						_	
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		FR 3.73(b) is enclosed. (Form					
		SIGNATURE of	Applicant or A	ssignee	of Record		
Signature	5	Mushurth.				Date	09/06/05
Name	Shui Sh	eng Hu				Telephone	416-749-9300
Title and Company	Apotex						
NOTE: Signatures of all signature is required, see		s or assignees of record of the enti	ire interest or their	represent	ative(s) are require	ed. Submit m	ultiple forms if more than one
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Application Number		
Filing Date		
First Named Inventor	Tim Fat Tam	
Title	Isopropanolate of Azithromycin	
Art Unit		
Examiner Name		
Attorney Docket Number	PC2041001	

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I hereby appoint:	Г					
✓ Practitioners associated with the Customer Number: 23607						
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature Imn	a Chow			Date	Sept. 6, 2005.	
Name Anna Cho				Telephone	416-749-9300	
Title and Company Apotex In	iC.					
NOTE: Signatures of all the inventors signature is required, see below*.	or assignees of record of the entire	e interest or their represe	ntative(s) are require	d. Submit mu	Itiple forms if more than one	
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Tim Fat Tam
	Title	Isopropanolate of Azithromycin
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PC2041001

I hereby revoke al	Il previous powers of attorney giver	n in the above-identified appli	cation.			
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	SIGNATURE of Applicant or Assignee of Record					
Signature	X Bec		Date X Sept 4, 2005			
Name	Bernard C. Sherman		Telephone 416-749-9300			
Title and Company	Chairman & C.E.O., Apotex Inc.					
NOTE: Signatures of all t signature is required, see	the inventors or assignees of record of the entire e below*.	interest or their representative(s) are requ	ired. Submit multiple forms if more than one			
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First Named Inventor	Tim Fat Tam
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Statement under 37	CFR 3.78(b) is enclosed. (Form PTO/SB/96) · · · · · · · · · · · · · · · · · · ·	
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NOTE: Signatures of all the inven- signature is required, see below*.	tors or assignees of record of the entire interest or	their representative(s) are required. Submit multiple forms if	more than one
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